



PTO/SB/67 (11-06)

Approved for use through 03/31/2007. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER TO INSPECT/COPY		Docket No. (Optional) 421842000400
In re Application of Harrihar A. PERSHADSINGH		
Application Number 10/627,372		Filed July 24, 2003
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Art Unit 1814	Examiner B. Kwon
Paper No. _____		
Please permit the following person(s) to inspect and make copies of the above identified application:		
Customer Name(s): <u>Annette Masiello</u>		
Badge Number(s): _____		
Company Name (if any): <u>Annette Masiello Patent and Trademark Services</u>		
Telephone Number: <u>703/415-3060</u>		
Fax Number: <u>703/415-3066</u>		
I am an:		
<input type="checkbox"/> Applicant.		
<input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark Office at Reel _____ Frame _____ or for which a copy thereof is attached.		
<input checked="" type="checkbox"/> Attorney or agent of record. Registration No. <u>48,408</u>		
<input type="checkbox"/> Attorney or agent named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 oath or declaration not filed). Registration No. _____		
<u>Kelly E. Hershey</u> Signature		<u>April 18, 2007</u> Date
<u>Kelly E. Hershey</u> Typed or printed name		FOR USPTO USE ONLY If a CD is ordered: Date CD ordered: _____ Date CD received: _____ Date CD given to customer: _____ Date CD returned by Customer: _____ CD purchased? YES NO Power to Inspect Approved by: _____ Unit: _____
<u>Attorney for Applicant(s)</u> Title (Officer of company or corporate assignee)		
<u>BETHESDA PHARMACEUTICALS</u> Name of Assignee, if any (e.g., company name)		
<u>(850) 813-5755</u> Telephone Number		
